



Guest Incident Report

This Form is to be completed by restaurant employees, not the guest. Complete this form at the time the incident occurs or is reported by the guest: Immediately report the incident to Kim Cole at 704-784-3430 and fax to 704-784-3431.

Restaurant #: _____ Phone #: (____) _____ Street Address: _____
City: _____ State: _____ Zip: _____
Date of Incident: _____ Time: _____ a.m. p.m. Date Reported by Guest: _____ By Phone In Person
Location of Incident: Lobby Parking Lot Drive-Thru Dining room Front Entrance Playground
Off-Premises Restroom Sidewalk Other
Name of Guest: _____ Sex: M F Date of Birth: _____
(Parent's Name in case of a minor): _____ Driver's License #: _____
Address: _____ Social Security #: _____
Phone #: (____) _____ Does Guest Request Response? Yes No

A. DETAILED DESCRIPTION OF GUEST'S INCIDENT _____

B. APPARENT INJURIES OR DAMAGE TO GUEST'S PROPERTY (IF ANY): _____

C. BROKEN/CHIPPED TEETH (Sections C and D must be completed)

1. Object which caused damage: _____
2. Does guest have object? Yes No Guest could not provide an object

***** If you have the object, please attach it to this report in properly sealed and labeled baggie and mail it to RMG, LLC*****

D. ALL INCIDENTS INVOLVING FOOD -The following must be completed:

1. Name of product(s): _____
2. Vendor name/number: _____
3. Code Date(s): _____
4. Number sold of that item on day of incident: _____

E. SLIP/TRIP AND FALL INCIDENTS -Each question must be answered:

1. Exact location of incident: Beverage Bar Lobby Parking Lot Dining Room Restroom Sidewalk
Front Entrance Side Entrance Other _____
 2. Type of floor: Tile Cement Carpet Asphalt Other _____
 3. Type of Shoe: Tennis Sandals Dress Pumps Oxfords Flats Loafers Other _____
 4. Type of heel: Rubber Plastic Leather
 5. Condition of Shoe Heel: Good/New Very Worn Slightly Worn Nails Exposed Other _____
- Heel Height: _____

6. If guest claims to have slipped on a substance, what is substance? _____
7. Was this substance on guest's shoes? Yes No On guest's clothes? Yes No
8. When was area last inspected: _____ a.m. p.m. By Whom (first & last name): _____

(If available, please attach Hourly Check Sheet for date of incident)

9. What was condition of area at last inspection? Dry & Clean Wet/Damp Needed Mopping Other _____
10. Last cleaning of this area: _____ a.m. p.m. By Whom? (first & last name): _____
11. Who inspected area immediately after incident? (first & last name): _____
12. Condition of area immediately after incident? Dry & Clean Greasy Just Mopped / Wet Recently Mopped -Damp
Substance on Floor - What? _____
13. Were wet floor signs up at time of incident? Yes No if yes, what was exact location of signs? _____

14. Were there skid marks where the guest slipped? Yes No
15. Was it or had it been raining? Yes No If Yes, when? _____ a.m. p.m.
16. Did guest rise unassisted? Yes No If No, who assisted? _____
17. Did guest require medical assistance? Yes No If Yes, describe what was done: _____

Any comments made by the guest? (NOT TO BE COMPLETED BY THE GUEST)

Witnesses (Name, Address & Phone #)

Employee?

- | | | |
|----------|-----|----|
| 1. _____ | Yes | No |
| 2. _____ | Yes | No |
| 3. _____ | Yes | No |

If witness gave a written statement, please staple to report.

Employee who completed this report (PRINT first & last name) _____ Date: _____

Restaurant Manager's name (PRINT first & last name) _____ Date: _____

*This report is prepared in anticipation of potential future litigation and is for confidential use by RMG, LLC
For additional forms, contact RMG at 704-784-3430*

Contact Information:

Mailing address: Restaurant Management Group
8606 Aviation Blvd.
Concord, NC 28027

Fax number: 704-784-3431
Phone number: 704-784-3430